

**POLICY AND PRACTICE: THE IMPACT
OF THE NSW GOVERNMENT'S
FAMILIES FIRST STRATEGY ON
CHILD AND FAMILY HEALTH NURSING**

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CERTIFICATE OF AUTHORSHIP/ORIGINALITY

I certify that the work in this thesis has not previously been submitted for a degree nor has it been submitted as part of requirements for a degree except as fully acknowledged within the text.

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Signature of Student



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PREFACE

This Dissertation is centred around the more recent events that have brought changes to the community child health service and which eventually have had an impact on child and family health nursing. It is the result of a long period of reflection on the contemporary state of child and family health nursing in Australia, and New South Wales in particular. In thirty years of involvement with child and family health nursing services in NSW I have witnessed many changes.

I began my involvement with child and family health nursing as a clinician, and then moved into nurse education and latterly into research. In 1977 I was employed by the Northern Sydney Area Health Service as a Mothercraft nurse and worked in the Baby Health Centres in the Ryde/Hunters Hill area. This was my first appointment to the Early Childhood Health service, and I was a neophyte in the clinical area as I had only completed my Mothercraft Nursing Certificate the previous year. I was fortunate to spend my apprenticeship, because that was what it was, with an experienced nurse, who taught me more than any book learning could do. I went on to spend a happy six years working as a clinician, before leaving the then Early Childhood Health Nursing service in 1983.

In 1986 I moved out of clinical practice and into nurse education. The previous year had seen the inauguration of the move in NSW of nursing education from the State funded hospital sector into the federally funded higher education sector and I took a position as a lecturer in one of the very recently formed Schools of Nursing.

My new career direction opened up possibilities for me that may not have been available if I had remained in clinical practice. The most dramatic was the broadening of my personal perspective on health care and the role of nursing, from that of a clinician delivering services to that of an observer of the bigger picture of the health care system within Australia. I became interested in aspects such as service organisation, funding mechanisms, and political processes in health care in Australia, and particularly the apparent lack of power and influence of the nursing profession in health policy.

My personal growth in professional issues was slow, but by the end of the 1980s I had formed an alliance with several other like minded child and family health nurses, who believed that the voice of child and family health nurses was not being heard in the formation of policy that had an impact on their work and conditions of practice. They had watched the changes occurring in the service with some consternation and felt that the service was undervalued by health managers and at risk of being debilitated by the ever expanding needs of the acute care sector. Although lip service is frequently given to the importance of the family in Australian society, mothers and babies do not appear to rate highly on health planners' priorities, apart from the provision of obstetric services.

Our small group met to discuss the possibility of setting up a professional nursing association to represent child and family health nurses, with the intention of becoming more involved in the political process in NSW. In 1989 we called other interested child and family health nurses together to a meeting, where the Child and Family Health Nurses (NSW) Association was formed (CAFHNA). There were ten of us at that first meeting, and enthusiasm and hopes for the infant Association were high. We were fortunate to have within the initial group several members who had experience in filling senior nursing management positions, but by and large we were inexperienced in the world of big P policy. Certainly I had very little experience in health politics, and like many nurses of my generation had previously had little interest in the broader health issues of the day.

In 1991 I attended a seminar held in Sydney where Margretta Madden Styles from the International Council of Nurses spoke about identifying and developing nursing specialisations. This meeting was an eye opener, because I became aware that many of the problems that the committee had been grappling with were experienced by other nursing specialty organisations. At the Sydney seminar nursing speciality organisations were invited by the Australian Nursing Federation to attend a meeting in Melbourne to form a new group to be called the National Nursing Organisations, now known as the Coalition of National Nursing Organisations.

At the NNO meetings I met delegates from the Maternal and Child Health Nurses Special Interest Group, an organisation with similar aims to CAFHNA, based in

Victoria. In our conversations at the NNO meeting it became apparent that a more united front was required. We were becoming aware that to be active in the politics of health required a national presence, and the power and influence of the group was determined by the weight of its numbers. This led eventually to the inauguration in 1996 of the national group, the Australian Association of Maternal Child and Family Health Nurses.

As a member of CAFHNA I have represented the Association on NSW Department of Health committees and other meetings, such as the meeting in Canberra in March 1999 to the set up of national lobby group for family and child health and welfare, the National Initiative for the Early Years, which later became the National Investment for the Early Years, known by its acronym as NIFTeY. From these activities my interest has grown in health policy per se, and in particular the effects of health policy on child and family health nursing services and the nurses who practice within them.

I have maintained my interest and membership of the CAFHNA Committee until the present day. Throughout my tenure as a member of the Committee I have been privileged to work with many committed and highly motivated child and family health nurses, who gave their time generously to firstly ensure that the Association was viable, and secondly to represent the views of child and family health nurses in as many forums as necessary. The furthering and strengthening of organisations representing child and family health nurses, such as CAFHNA and the AAMCFHN, remains a personal goal.

It is not usual for somebody to take on the arduous task of a doctoral research project at this stage of their career, but for me it is the culmination of all those earlier experiences as a child and family health nurse. The research project found in this Dissertation is my small contribution to the body of scholarship that Australian nurses have been slowly building up over the past several decades, as we began to document our practice and theorise about our discipline. I hope it prompts nurses working in child and family health to think more deeply about their practice and their contribution to nursing.

TABLE OF CONTENTS

INTRODUCTION TO PORTFOLIO	1
Introduction	2
History of Child and Family Health Nursing	3
<i>Changes in Community Child Health Service Organisation</i>	<i>8</i>
Contemporary Practice in Child and Family Health.....	11
<i>Primary Health Care and Health Promotion</i>	<i>11</i>
<i>The Strengths Based Perspective</i>	<i>14</i>
<i>Family Partnership Training</i>	<i>17</i>
International Influences	18
<i>The Ecological Approach in Community Child Health</i>	<i>18</i>
<i>The Early Years and Early Intervention</i>	<i>19</i>
<i>Critics of Brain Development Research and Early Years Agenda</i>	<i>22</i>
The Political Response	23
<i>The Early Years Agenda and Lobby Groups</i>	<i>23</i>
<i>Potential Effects on Child and Family Health Nursing</i>	<i>24</i>
The research study	25
<i>Goals and Objectives of the Research Study</i>	<i>25</i>
The Portfolio	29
<i>The Professional Doctorate and the Portfolio</i>	<i>29</i>
Concluding Remarks	30
SECTION 1: POLICY STUDY	31
PREFACE.....	32
CHAPTER 1: HEALTH POLICY – LITERATURE REVIEW.....	34
Introduction	34
Literature Review.....	35
<i>Historical Perspective.....</i>	<i>35</i>
<i>Definitions of Policy.....</i>	<i>36</i>
<i>Social Policy.....</i>	<i>37</i>
<i>Models and Approaches to Policy Making</i>	<i>38</i>
<i>Rational Comprehensive Models</i>	<i>40</i>
<i>Alternative Models</i>	<i>41</i>
<i>The Policy Cycle</i>	<i>44</i>
<i>The Use of Evidence to Inform Health Policy Making</i>	<i>53</i>
<i>Investigating Social Policy.....</i>	<i>57</i>
Concluding Remarks	58
CHAPTER 2: THE AUSTRALIAN POLICY CONTEXT AND NSW GOVERNMENT HEALTH POLICIES FOR FAMILIES WITH YOUNG CHILDREN	59
The Australian Policy Context.....	59
<i>The Australian Government</i>	<i>59</i>
<i>The NSW State Government</i>	<i>61</i>

<i>The NSW Health Care System</i>	62
NSW Health Policy for Families with Young Children	64
<i>Child Health Policy in the 1990s</i>	64
<i>Families First Strategy</i>	65
<i>Health Home Visiting</i>	68
<i>Integrated Perinatal and Infant Mental Health</i>	69
<i>Supporting Families Early</i>	70
<i>Implementation Education Program for Supporting Families Early</i>	71
<i>NSW Department of Health Child and Family Health Nurse Practice Standards Framework</i>	72
<i>Integrated Primary and Community Health Policy</i>	74
<i>Other Recent Policy Announcements</i>	75
Concluding Remarks	75
Introduction	76
Rationale for Study Design	77
<i>Study Participants</i>	79
<i>Recruiting participants</i>	79
Ethical Considerations	79
Data Collection	80
Analysis	81
Key Considerations	82
<i>Reflexivity</i>	82
Limitations of the study	82
CHAPTER 4: POLICY ANALYSIS AND DISCUSSION: The Development of the NSW Government's Families First Strategy and Subsequent Impact on Child and Family Health Nursing Services	84
Agenda setting	85
<i>Identification of Issues</i>	85
<i>Research Evidence</i>	86
<i>Problems in Existing Service Delivery</i>	87
<i>Political Timing</i>	89
<i>The Policy Community and the Policy Actors Involved</i>	90
<i>Keeping the Issue Prominent</i>	92
Policy Formation	94
Policy Adoption	97
<i>Home Visiting</i>	98
<i>Further Policy Development Within NSW Department of Health</i>	100
— <i>Health Home Visiting Guidelines</i>	100
— <i>Integrated Perinatal and Infant Care and Family Partnership Training</i>	101
Funding the Service	103
Implementation	104
<i>Implementation Committee Structures in the Area Health Services</i>	105
<i>Funding Decisions</i>	109
<i>Staffing the Service</i>	109

<i>Data Collection Requirements</i>	110
<i>Changes in the Organisation of the Nursing Service</i>	111
<i>Terminology Troubles</i>	113
<i>Changes in Nursing Practice</i>	114
<i>Education Requirements</i>	117
<i>Losing Momentum</i>	118
<i>Change in Lead Agency</i>	120
Evaluation	121
Conclusion	122
Concluding Remarks	123
CHAPTER 5: THE POLICY ROLE OF THE CHILD AND FAMILY HEALTH NURSES ASSOCIATION	124
Introduction	124
<i>Professional Nursing Organisations in Australia</i>	124
Aims and Objectives of the Association	125
Structure	126
Membership	127
Activities	128
<i>Standards Setting</i>	128
<i>Publications</i>	129
<i>Professional Development Activities</i>	130
Ability to Influence Health Policy and Practice	131
<i>NSW Child Health Policy</i>	132
<i>Families First and the Health Home Visiting Guidelines</i>	132
<i>Family Partnership Training</i>	133
<i>NSW Health Policy on Breastfeeding for all Staff Involved with Mothers and Babies</i>	133
<i>NSW Child and Family Health Nursing Practice Development Program</i>	134
Representation at the National Level	134
Critique of CAFHNA's Performance as a Professional Association	136
<i>Becoming Known and Gaining Credibility</i>	136
<i>Networking</i>	138
<i>CAFHNA's Interaction with the Policy Process</i>	141
Conclusion	144
CHAPTER 6: SYNOPSIS AND CONCLUSION	145
Synopsis	145
<i>Family Support or Undue Interference?</i>	147
Changes to Nursing Practice	149
Nurses' Involvement in Policy	152
SECTION 2: NURSES STUDY	155
PREFACE	156

CHAPTER 1: LITERATURE REVIEW FOR NURSES STUDY	158
International Comparison of Role and Scope of Practice of Child Health Nurses	158
<i>Health Visiting in the United Kingdom.....</i>	<i>160</i>
<i>Child Health Nursing in Norway and Sweden</i>	<i>162</i>
<i>The Public Health Nurse Role in North America.....</i>	<i>163</i>
<i>The Role and Scope of Practice of Child and Family Health Nurses in NSW.....</i>	<i>164</i>
<i>Child and Family Health Nursing Services in NSW</i>	<i>165</i>
Comparison with International Literature.....	167
<i>Location of Service, Population and Services Provided.....</i>	<i>167</i>
<i>Promoting Health.....</i>	<i>168</i>
<i>Gender.....</i>	<i>168</i>
<i>Ambiguities in the Nursing Role</i>	<i>169</i>
<i>Ambiguities Around the Client.....</i>	<i>169</i>
Conclusion.....	170
Concluding Remarks	170
CHAPTER 2: PUBLISHED ARTICLE.	171
Citation: Briggs, C. (2006/7). Nursing practice in community child health: Developing the nurse-client relationship. <i>Contemporary Nurse</i>, 23, 303-311.	171
CHAPTER 3: RESEARCH METHOD	189
Introduction	189
Rationale for the Study Design	190
The Study	194
<i>Setting.....</i>	<i>194</i>
<i>Ethical Considerations.....</i>	<i>196</i>
<i>Participants.....</i>	<i>197</i>
<i>Recruiting Participants</i>	<i>198</i>
Data Collection	199
<i>The Interviews with the Nurses</i>	<i>199</i>
<i>The Nurse-Client Consultations.....</i>	<i>200</i>
Analysis	201
<i>Analysis of Tapes of Nurse-Client Interactions</i>	<i>202</i>
Key Processes in Qualitative Research that were used to Inform the Method of Data Collection and Analysis	204
<i>Confirmability.....</i>	<i>204</i>
<i>Reflexivity.....</i>	<i>204</i>
<i>Validity and Reliability of Process.....</i>	<i>205</i>
Concluding Remarks	206
CHAPTER 4: ANALYSIS OF NURSING PRACTICE IN CHILD AND FAMILY HEALTH.....	207
Observations and Recordings of Nurses' Interactions with Client Families.....	207
<i>When Nurse Meets Mother... ..</i>	<i>208</i>
<i>Progress of the Nurse-Mother Interaction.....</i>	<i>209</i>

<i>Content of Interview: Topics of Discussion</i>	216
<i>Health promotion as part of the nurses' discussion</i>	219
<i>Concluding the Interview</i>	222
Interviews with the Nurses	223
The Importance of the 'Conversation' with the Mother	223
Forming a Relationship with the Mother	226
<i>Opening up</i>	229
<i>Affirming the Mother's Mothering</i>	232
<i>Normalising the Situation for the Mother/Anticipating</i>	233
<i>Walking Beside the Mother as a Guide or Mentor</i>	234
The Nursing Care Role	236
<i>Who is the Client?</i>	239
Changes Resulting from Families First	240
Concluding Remarks	241
CHAPTER 5: DISCUSSION	242
The Conversational Interaction with the Client Mother	243
Has Nursing Practice Changed?	248
What the Nurses Talked About with Their Client Mothers	249
What is Not Talked About with the Mothers	249
Health Promotion as Part of the Nurses' Work.	251
Wise Women	255
Health Care Nursing or Psychosocial Care?	256
Limitations of the Study	258
Conclusion	260
EXEGESIS: CONCLUDING DISCUSSION TO THE PORTFOLIO	262
Introduction	263
Leadership in child and family health nursing practice	265
Leadership in child and family health nursing education	267
<i>Theoretical content – essential knowledge and skills</i>	268
<i>Clinical experience during program</i>	269
<i>Level of the award</i>	270
Leadership in Developing Political Capacity	271
Further Research	276
Concluding Remarks	278
REFERENCE LIST	279
APPENDICES	314

LIST OF ILLUSTRATIONS AND TABLES

Figure 1: Integrated Model of Healthcare: Mapping of Health Services.....	14
Figure 2: Concept Map.....	27
Figure 3: Portfolio Components.....	30
Figure 4: The Australian Policy Cycle.....	45
Figure 5: The Vertical and Horizontal Dimensions of Policy.....	48
Table 1: Topics discussed and frequency.....	217
Table 2: Age range of babies seen in interviews.....	217
Table 3: Topics of conversation collapsed into major categories	218
Table 4: Health promoting activities nominated by the nurses.....	220
Table 5 Frequency of common nursing actions	222

ABSTRACT

Child and family health services in NSW are a well established component of community health services. Child and family health nurses provide parenting support, health surveillance and early intervention for families with infants and young children.

Contemporary child and family health services have been influenced by international research and trends in delivery of services to families with young children. The NSW Government introduced a comprehensive social program known as the Families First Strategy in 1999. This large State wide policy involved a whole of government approach to providing coordinated services to children and families. As a part of the Families First Strategy, NSW Health introduced Health Home Visiting for families with new babies, to be implemented through the community child and family health nursing network.

This research study describes the development and implementation of the Families First Strategy and related health policies in child and family health nursing services in NSW from a nursing perspective. It provides a baseline description of contemporary child and family health nursing in NSW and examines the impact of the health policies on nursing practice in two Area Health Services.

The research study explores the potential of child and family health nurses to influence health policy in respect of children and families and proposes recommendations and further research to inform the development of nursing leadership in child and family health nursing practice, education and policy.